

**HERO America**  
Health Education Resource Outlet



Presents

**NATURAL LIFE CENTERS**  
Professional Chiropractic  
Group

**SUPPLEMENTAL  
DISCOUNT  
CHIROPRACTIC PLAN**

No Deductible

No Claim Forms

No Pre-Existing

AVAILABLE TO:

**Maricopa County  
Employees**

“The Place Where Friends Tell  
Friends to Go for  
Chiropractic Care.”

For more Information call:  
**602-292-1715**

**Where is service obtained?**

**NATURAL LIFE CENTERS**  
Professional Chiropractic Group

*Our Mission Statement*

Natural Life Centers' Mission, God willing, is to edify humanity one spine at a time, by giving each patient a feeling of well-being, reaching optimal health through chiropractic adjustments, instilling hope and improving their quality of life.

**PHOENIX**

2826 West Northern Avenue  
Phoenix, AZ 85051  
(602) 995-3755

**AVONDALE**

10723 West Indian School Road  
Avondale, AZ 85018  
(623) 848-6991

**BILTMORE**

4422 East Indian School Road  
Phoenix, AZ 85018  
(602) 840-9455

**GREENWAY**

3202 East Greenway Road #1619  
Phoenix, AZ 85032  
(602) 867-9898

**PEORIA**

15256 N. 75th Ave., Suite 360  
Peoria, AZ 85381  
(623) 412-1259

**24 hour Emergency Hotline 602-989-3937**

Clinic Hours from 8:00am-8:00pm  
Throughout the Week

**Visit our Website:**  
**www.naturallifecenter.com**

**Email:**  
**GroupBenefits@naturallifecenter.com**



*Benefits of  
Natural Life  
Centers...  
How are we  
different?*

**WE CARE ABOUT YOU!**

Surveys tell us that there are 3 basic reasons for dissatisfaction with chiropractic:

**1. It doesn't work.**

*"If the problem is a chiropractic one, then properly performed, chiropractic adjustments will work. NLC'S chiropractic success is above 90%!"*

**2. I have to go forever, or the problem returns.**

*"Often the injury that exists is the result of repetitive stresses separate from the incident that caused the injury or pain. Without correction of the cause, the problem is likely to return."* NLC's doctors are devoted to treating you as a whole person, taking into consideration all the physical stresses of living and imparting methods to correct the cause. This means long-term results with knowledge that assures optimum health for your lifetime!

**3. I can't afford it because...** my insurance doesn't cover chiropractic; my insurance coverage is minimal, I couldn't afford the out of pocket expenses & the co-pay. This supplemental plan eliminates these concerns and can even afford you care for your entire family!

Together, **HERO America** and **Natural Life Centers** have developed a program quite unique to the Health Care Industry by coordinating workplace safety, knowledge, and chiropractic health! **Correcting structural spine changes and controlling the repetitive stresses that caused the problem(s) in the first place is how we do it!**



**NATURAL LIFE CENTERS—GROUP CHIROPRACTIC PLAN—ENROLLMENT FORM**

Group: Maricopa County Employees

Name: \_\_\_\_\_ Last \_\_\_\_\_ First \_\_\_\_\_ MI: \_\_\_\_\_ Birth date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Company ID#: \_\_\_\_\_

Please include your Email address for newsletters, correspondence and additional savings specials - Email Address: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ SS#: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_

I would like to enroll: \_\_\_\_\_ myself @ \$59.00 or \_\_\_\_\_ my family\* @ \$79.00

**TO BETTER SERVE YOU:**  
Are you or any other member(s) of your family currently under chiropractic care? \_\_\_\_\_

If YES, Who? \_\_\_\_\_ For how long? \_\_\_\_\_

Do you or any other member of your family have health insurance benefits? \_\_\_\_\_ If YES, what is the name of the carrier? \_\_\_\_\_

What is your preferred date, time and location for your Initial Consultation? \_\_\_\_\_

Last Name (if different)	First Name	MI	Sex M F	Birth date Month / Day / Year	Last Name (if different)	First Name	MI	Sex M F	Birth date Month / Day / Year
2. Spouse					5.				
3. Child					6.				
4.					7.				

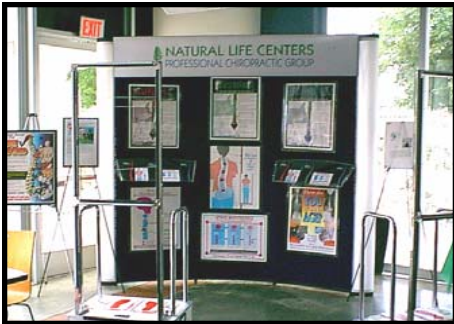
I want to pay by: \_\_\_\_\_ Check (payable to: **Natural Life Centers**) & Enclosed \_\_\_\_\_ VISA \_\_\_\_\_ AMEX \_\_\_\_\_ MasterCard

Card Number: \_\_\_\_\_ Exp: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Who is  
**NATURAL LIFE CENTERS &  
HERO America ?**

*Natural Life Centers'* 20 year commitment to excellence in patient care is well known. With thousands of patients, it has been the essence of its growth since 1983. The dedicated staff at each of its valley-wide clinics is determined to deliver cost effective, quality, chiropractic care.

The Natural Life Center organization has grown one spine at a time; primarily by referrals from other highly satisfied patients. Our growth has been accomplished by following four basic fundamentals: Building relationships; Answering questions; Educating patients on the true fundamentals of health; and Respecting the choices of our patients—Treatment plans are specifically developed to suit the chiropractic needs and individual desires of each patient.



**HERO America**, the community outreach division of **NLC**, was created as an educational resource for businesses, industries and the community at large. **HERO** is a collaborative partner in health promotion with the *WELLNESS COUNCIL OF AZ* and is their preferred provider for Back Safety and Ergonomic Assessments.

**HERO America's Mission Statement**  
To maximize performance and improve the health of employees through training, education, and understanding.

To reduce the cost to employers through decreased worker injury and increased worker productivity & satisfaction .

## HOW DO I SAVE . . .

Finally , affordable Chiropractic care with someone you can trust!



*Natural Life Centers-Group Chiropractic Plan is a supplemental discount option for employers to provide their employees with cost effective discounts for chiropractic wellness care. This plan is not an insurance policy, but a group discount plan provided on an individual basis.*

### ELIGIBILITY

As an employee of the Maricopa County, you are eligible to participate as an individual in the Supplemental Discount Chiropractic Plan. Acceptance to the NLC Group Chiropractic Plan adheres to the guidelines in the Health Wellness Program contract which is completed upon activation by the employee in the plan.

### ENROLLMENT FORM

All employees participating in the NLC Group Chiropractic Plan must complete an enrollment form. All enrollment forms submitted during open enrollment will be processed at an additional discount. The enrollment fee is \$59.00 for individuals and family enrollment is \$79.00. In addition to a processing fee of your membership to the plan, you will receive your initial consultation & examination, full spine x-rays (if necessary) and your 1st adjustment. *(A savings of over \$300.00.) Finally, affordable Chiropractic Care!*

### EFFECTIVE DATE

Participants will be required to complete an enrollment form with an application fee. Upon clinical evaluation, the participant will select the discount plan that best suits their health care needs. Once the plan is selected, the Health Wellness Plan is effective immediately and will remain in place until cancelled by the employee/participant.

## How Do I Determine My Costs?

### DISCOUNTS PROVIDED

You save no less than 50% off , for better service!

Here's how:

Upon completing an enrollment form, you may exercise one of two options for your Chiropractic care:

1. **50% OFF** All Chiropractic Services (*excluding supports and vitamins*) according to the providers professional fee schedule. The 50% discount applies to the employees portion, whether you have insurance or not.

*For example*, if your total bill is \$100.00 and you do not have insurance, your total out-of-pocket cost would be \$50.00. In addition, if you have insurance and your total bill is \$100.00, the insurance company would typically pay \$80.00 (80%), leaving you with a 20% balance of \$20.00. Your 50% discount would automatically be applied and your balance due would be only \$10.00.

2. **Health Wellness Plan** - This plan provides for the highest level of savings for patients wanting to receive corrective care and then maintain the ergonomic integrity of their spine. Specific discounts on this plan are based on specific needs.

### PAYMENTS

Payments are assessed directly to the employee at the time of service. Any questions regarding current billing status on the "Health Wellness Plan" are directed to Health Plan Finance Company.

**SEE SPECIFIC DETAILS IN THE TERMS & CONDITIONS  
OF YOUR CONTRACT.  
(OR CALL HPFC AT 1-800-307-3170.)**

*This brochure is a brief description of benefits and is not a contract. A more complete description of the benefits and limitations referred to in this brochure will be found in the Health Wellness Contract provided upon your initial consultation as an active participant in the plan. Any disputes between members and NLC-Group Chiropractic Plan Management will follow guidelines outlined in contract. Please note this plan is not an insurance policy, but a group discount plan.*

## SO YOU WANT TO GET STARTED . . . Now What?

### IT IS AS SIMPLE AS . . .

1. COMPLETE THE ENROLLMENT FORM.  
\*DO NOT FORGET TO INCLUDE ALL DEPENDANTS WHEN ENROLLING AS A FAMILY.  
\*ENROLLMENT FEE  
(\$59.00 INDIVIDUAL AND \$79.00 FOR FAMILY)  
\*INCLUDE INITIAL EVALUATION DATE, TIME AND LOCATION REQUEST—YOU WILL BE CONTACTED FOR CONFIRMATION . (IF EMERGENCY, CALL BELOW)
2. MAIL OR FAX ENROLLMENT FORM (SEE BELOW). IF APPLICATION IS COMPLETED AT OPEN ENROLLMENT, TURN IN AT BOOTH.
3. FOR MORE INFORMATION, SCHEDULING, OR QUESTIONS, CALL NATURAL LIFE CENTERS - GROUP PLAN HOTLINE AT 602-292-1715.

### ONCE YOUR APPLICATION IS PROCESSED, YOU WILL . . .

1. RECEIVE A CONFIRMATION LETTER INCLUDING YOUR PLAN ID NUMBER.
2. THEN, YOU WILL BE CALLED TO SET OR CONFIRM AN APPOINTMENT FOR YOU (AND YOUR FAMILY IF APPLICABLE) FOR YOUR INITIAL CONSULTATION.
3. UPON ARRIVAL IN THE CLINIC, PRESENT YOUR ID NUMBER.
4. THE DOCTOR WILL DO A COMPLETE EVALUATION AND ANY ONGOING TREATMENT RECOMMENDATIONS.
5. FROM THOSE RECOMMENDATIONS, YOU WILL BE GIVEN OPTIONS FOR DISCOUNTS THAT WILL RESULT IN NO LESS THAN 50% OFF.

CONGRATULATIONS AND THANK YOU  
FOR YOUR TRUST & CONFIDENCE!



**NATURAL LIFE CENTERS**  
Professional Chiropractic Group

2830 West Northern Avenue  
Phoenix, AZ 85051

Phone: 602-864-0036 Fax: 602-864-0065

Email: [GroupBenefits@naturallifecenter.com](mailto:GroupBenefits@naturallifecenter.com)